

Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2204 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/23/2011 |
| NAME OF PROVIDER OR SUPPLIER DICKSON HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 901 N CHARLOTTE DICKSON, TN 37055 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| N 645 | <p>1200-8-6-.06(3)(k) Basic Services</p> <p>(3) Infection Control.</p> <p>(k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times.</p> <p>This Rule is not met as evidenced by: Complaint investigation for #TN00027734</p> <p>Assessed Type C Penalty #19:</p> <p>Tennessee Code Annotated 69-11-804(c)19: The nursing home shall be clean, sanitary and in good repair at all times.</p> <p>Based on observations, it was determined the facility failed to ensure the nursing home was clean, sanitary and odor free for 10 of 35 (rooms 8, 10, 18, 20, 23, 26, 31, 32, 33 and 35) resident room bathrooms.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations in resident room 8's bathroom on 8/23/11 at 10:30 AM, revealed a urine odor. 2. Observations in resident room 10's bathroom on 8/23/11 at 10:30 AM, revealed a urine odor. 3. Observations in resident room 18's bathroom on 8/23/11 at 2:10 PM, revealed a strong feces odor. 4. Observations in resident room 20's bathroom | N 645 | | | |

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| N 645 | <p>Continued From page 1</p> <p>on 8/23/11 at 2:10 PM, revealed a dried brown substance on the toilet seat.</p> <p>5. Observations in resident room 23's bathroom on 8/23/11 at 2:10 PM, revealed a urine odor</p> <p>6. Observations in resident room 26's bathroom on 8/23/11 at 10:55 AM, revealed a urine odor.</p> <p>7. Observations in the resident room 31's bathroom on 8/23/11 at 10:55 AM, revealed a urine order.</p> <p>8. Observations in the resident room 32's bathroom on 8/23/11 at 10:55 AM, revealed a urine order.</p> <p>9. Observations in the resident room 33's bathroom on 8/23/11 at 10:55 AM, revealed a dark brown smear on the toilet seat and a urine odor.</p> <p>10. Observations in the resident room 35's bathroom on 8/23/11 at 10:55 AM, revealed a dark brown substance on the back of the elevated toilet seat, a dried yellow substance to the toilet seat and a urine odor.</p> | N 645 | | | |